terchangeable 300 and 400 mg dose. **RESULTS:** Model data captured 99% of all feasible 2:1 interchanges. Cost savings predicted form administrative data varied between 82 and 150 percent of actual savings using the prescription direction model. **CONCLUSIONS:** Administrative pharmacy data is a poor predictor of cost savings for 2:1 interchange protocols for medications with highly variable dosing regimens such as gabapentin. A model utilizing prescription directions may be beneficial in formulary decision-making where highly accurate estimates are necessary.

PNR4

A STOCHASTIC COST-EFFECTIVENESS ANALYSIS OF ALTERNATIVE ACUTE TREATMENT STRATEGIES FOR MIGRAINE: THE DISABILITY IN STRATEGIES FOR CARE (DISC) STUDY

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OBJECTIVE: The Disability in Strategies for Care (DISC) study compared, in 835 patients, a stratified care strategy, where initial therapy for migraine is based on clinical need, and two stepped care strategies (across attacks and within attacks), where first-line therapy with simple analgesic is escalated, if response has been inadequate, to zolmitriptan—a migraine-specific therapy. We report on a stochastic cost-effectiveness analysis (CEA) of these three strategies. **METHODS:** The analysis adopted a societal perspective, including health service and productivity costs (1998–1999 prices). Data were collected on drug usage (main therapy, rescue and adverse event management); other resource use associated with adverse events was estimated by a clinician blinded to treatment strategy. Productivity costs were based on diary card data for time patients lost from work, and on reduced effectiveness at work. CEA related differential cost to the trial's two primary outcome measures: headache response at two hours and disability-adjusted time over 4 hours. **RESULTS:** Total mean cost over six attacks was lowest in the stratified group (£138.95; 95% CI 122.38, 158.93) compared to £157.19 (95% CI 134.50, 184.93) in the stepped across attacks group and £148.53 (95% CI 123.04, 179.41) in the stepped care within attacks group. Both measures of effectiveness showed an improvement in the stratified arm. In terms of mean costs and effects, stratified care represents a dominant strategy. Cost-effectiveness acceptability curves indicate that, depending on the value that decision-makers place on a unit of outcome, the probability that stratified care is the most cost-effective strategy ranges from 58% to 100% for the 2-hour response rate and from 62% to 98% for disability-adjusted time. **CONCLUSION:** Given its lower mean costs and higher mean effectiveness, stratified care, which included zolmitriptan, is the dominant strategy. When uncertainty is considered, stratified care has the highest probability of being cost-effective.

PNR5

THE LONG-TERM ECONOMIC IMPACT OF TREATING ALZHEIMER'S PATIENTS IN SWEDEN WITH GALANTAMINE

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OBJECTIVE: Estimate the long–term health and economic impact in Sweden of treating patients with mild to moderate Alzheimer's disease (AD) with galantamine. **METHODS:** The estimates are derived from an economic model consisting of two parts. The short–term component was based on the galantamine clinical trials. The long-term component predicted, on the basis of trial results and equations derived from recently published data, when patients would require full time care (FTC) or die. Resources used before FTC and for FTC were estimated from the literature, using an overall health care payer perspective. **RESULTS:** Approximately 5.6 patients must start treatment to avoid one year of FTC. Overall net savings of galantamine compared to no treatment ranged from SEK 27,500 (all subjects) to SEK 59,000 (moderate patients only). Univariate and multivariate sensitivity analyses of key parameters, such as the cost of galantamine, cost of FTC not in a nursing home (NH), cost of FTC in NH and proportion of FTC patients in NH, supported the robustness of these findings. For instance, a multivariate sensitivity analysis found that if the cost of FTC outside a NH is 50% of NH costs, instead of the 71% reported in the literature, and only 50% of patients requiring FTC reside in NH instead of the reported 85%, the net savings are SEK 10,400. **CONCLUSION:** Galantamine therapy delays the need for FTC without leading to additional cost in the treatment of mild to moderate AD in Sweden.

PNR6

SUBJECTIVE AND OBJECTIVE QUALITY OF LIFE CHANGE SCORES IN A SHORT-TERM EPILEPSY STUDY

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OBJECTIVES: Epilepsy and its treatment can have profound effects on the quality of life (QOL) of many patients, particularly those with seizures refractory to treatment. Detecting changes in QOL in trials of anti-epileptic drugs as add-on therapy over a short period is, however, known to be difficult. **METHODS:** In this study, we examined the relationship between patients' perception of quality of life change, using QOL transition scales, and